

New IHSS Overtime Rules



Why Are There New Rules

- New state law – IHSS providers must receive overtime and travel time between recipients
 - Providers must read, sign, and submit the new SOC 846 form by **April 15, 2016**
 - Providers who are eligible for travel time must complete the SOC 2255 and return before Travel Claim Forms are issued
- Takes effect February 1, 2016

**Dedicated phone line for assistance
(530) 889-7115**

What Stays the Same

- Does not affect the hours you receive as a recipient
- Pay periods are still the same
- Benefits are still available

*Providers and recipients will get a notice telling you how many hours he/she gets each month and each week.

What is Different

- More than 40 hours worked in a week is overtime (Sun-Sat)
- If you have only 1 recipient; the max number of hours you can work is 70 hours and 45 min per week. Recipient needs to be approved for 283 hours.
- If you work for multiple recipients, the max number of hours is 66 hours per week

Overtime Calculation

- All hours claimed including overtime hours are paid at a regular rate of \$10.50
- Overtime hours are then paid an additional \$5.25 for a total of \$15.75 per hour of overtime

Overtime Example

Pay Event			
Pay Type:	10 Pay	Pay Period:	2/1/2016 - 2/15/2016
Case Hours Paid (HH:MM):	121:17	Case Hours Not Paid (HH:MM):	00:00
Travel Hours Paid (HH:MM):	00:00	Travel Hours Not Paid (HH:MM):	00:00
Total Hours Paid(HH:MM):	121:17	Hours Paid as Overtime (HH:MM):	33:22
Pay Rate:	16.50	Overtime Pay Rate:	5.250

Earnings Statement			
	Current	Year-to-Date	
Total Gross	1,448.65	5,112.63	
Pay Regular	1,273.47	4,937.45	
Pay Overtime	175.18	175.18	
Federal/EIC	75.49	233.75	
State	7.26	14.05	
FICA	89.81	316.98	
Medicare	21.00	74.13	
SDI/DIEC	13.03	46.01	
Dues	0.00	81.40	
Net Pay	1,242.06	4,346.31	

How Does it Work

- Workweeks begin **12:00am (Midnight)** on **Sunday** and end on **11:59pm** the following **Saturday**
- Overtime is paid at 1 1/2 times the regular wage
 - Ex: 43 hours worked in week 1
 - 43 hours are paid at \$10.50 per hour
 - 3 hours are paid at \$5.25 per hour

What is Different

- Time spent traveling between recipients during the same day will be paid
 - 7 hour weekly cap
 - You will get travel time when using public transportation or personal vehicle to travel between recipients
 - Must submit SOC 2255/ Travel Claim Form

The Golden Number

- 4
- Used to divide total monthly hours to get hours you are able to work each week
- Ex: 156 Monthly hours
 - $156 \div 4 = 39$
 - 39 hours/week
 - Tells you whether or not you should be getting OT

*NOA Lite will be resent and will include monthly and weekly hours

Review

- What is staying the same?
- When does the workweek begin and end?
- If a provider has multiple recipients what is the maximum number of hours they can work in a workweek?
- How do I calculate what my weekly hours are?

Answers

- Pay periods, benefits, recipients authorized hours
- Begins 12:00 am (midnight) on Sunday and ends 11:59 pm Saturday
- 66 hours in a workweek
- Divide monthly hours by 4 to get weekly hours

Limitations

- If a provider's weekly hours do not normally exceed 40, then overtime has to be approved by the IHSS SW
- Provider must inform recipient how many hours he/she is able to work

Limitations

- Prior approval is needed if:
 - Total monthly hours is 160 (40 per week). Your Client wants you to work 50 hours one week and 30 hours the next.
 - This scenario creates 10 hours of overtime that would not normally be allowed and, therefore, needs authorization.

What Will Happen

- Recipients whose providers have multiple clients and work more than 66 hours/week will need to hire additional providers
 - The provider is required to tell the recipient how many hours he/she is working each week
- The provider will be terminated if repeatedly violates new regulations
 - May 1, 2016
- *It is important to have your workweeks planned out in order to avoid getting a violation*

Review

- 180 monthly hours for one recipient = 45 weekly hours
 - 60 hours for workweek 1
 - 30 hours for workweek 2
 - Does this need approval from my SW?
- 264 monthly hours between my two recipients = 66 weekly hours
 - 70 hours for workweek 1
 - 63 hours for workweek 2
 - Does this need approval from my SW?
- 130 monthly hours for one recipient – 32 hours and 30 minutes weekly
 - 40 hours for workweek 1
 - 25 hours for workweek 2
 - Does this need approval from my SW?

Answers

- Yes, this situation does need approval because it generates 10 more hours of overtime than would of normally been claimed.
- No, because the weekly cap is 66 hours for a provider with multiple recipients.
- No, because I am not claiming overtime or more than half the monthly authorized hours in a pay period.

Violations

- Beginning May 1, 2016, every time you do any of the following you will get a violation:
 - Work more than 40 hours in a workweek when you normally do not;
 - Work more than 66 hours in a workweek if you have multiple recipients or your recipient has multiple providers;
 - Claim more than 70 hours and 45 minutes in a workweek if your recipient is approved for 283 monthly hours;
 - Claim more than 7 hours of travel time.

Violations

- If you violate the workweek schedule, you will receive the following:
 - **1st Violation** = Your recipient(s) and you will receive a written notice with appeal information.
 - **2nd Violation** = Your recipient(s) and you will receive a second written warning notice, and you will have a choice to complete a one-time training about workweek and travel time limits. If you choose to complete the training, you will avoid the 2nd violation.
 - If you choose not to complete the training within 14 calendar days of the date of notice, you will receive a 2nd violation.

Violations

- **3rd Violation** = Your recipient(s) and you will receive a third violation with appeal information. **You will be suspended as an IHSS provider for 3 months.**
- **4th Violation** = Your recipient(s) and you will receive a 4th violation notice with appeal information. **You will be terminated for a period of one (1) year.**
- Your violations will be reduced by one every year you are violation free

After one year, if you wish to return as an IHSS provider, you must complete all of the provider enrollment requirements again, including the criminal background check, the provider orientation, and completion of all required forms.

IN-HOME SUPPORTIVE SERVICES
1501 SOMETHING AVENUE,
SACRAMENTO CA 90000

**IN-HOME SUPPORTIVE SERVICES (IHSS)
INDIVIDUAL PROVIDER
TIMESHEET**

Record your daily hours and minutes
like these samples.

Did not work	H	H	M	M
6 hours 30 minutes	H	6	3	0
4 hours 45 minutes	H	4	4	5
10 hours	1	0	M	M
Total	2	1	1	5

FIRST, LASTNAME
565 SOMETHING DR.
SAN JOSE CA 95116-3439

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below) or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed** = hours worked and claimed in previous pay period.

— Cut along dotted line —

Provider #: 000000000	Provider Name: LASTNAME, FIRST
Case #: 43 01 0000000	Recipient Name: LASTNAME, FIRST
Type: IHSS	Timesheet No: 4000059138
Pay From: 07/01/2015	Pay To: 07/15/2015
	Hours: 52:30

Workweek #1

Workweek #2

Workweek #3

Workweek #4

Claimed : 00:00

Claimed : 00:00

Claimed : 00:00

Claimed : 00:00

S	0	0	0	0	S 05	H	H	M	M	S 12	H	H	M	M	S	0	0	0	0
M	0	0	0	0	M 06	H	H	M	M	M 13	H	H	M	M	M	0	0	0	0
T	0	0	0	0	T 07	H	H	M	M	T 14	H	H	M	M	T	0	0	0	0
W 01	H	H	M	M	W 08	H	H	M	M	W 15	H	H	M	M	W	0	0	0	0
T 02	H	H	M	M	T 09	H	H	M	M	T	0	0	0	0	T	0	0	0	0
F 03	H	H	M	M	F 10	H	H	M	M	F	0	0	0	0	F	0	0	0	0
S 04	H	H	M	M	S 11	H	H	M	M	S	0	0	0	0	S	0	0	0	0

Total _____ Total _____ Total _____ Total _____

Turn over and sign. ➔

Sample Timesheet

- Work week begins Sunday
- Shows hours claimed in the previous pay period

Travel Claim Form

- SOC 2255 must be completed and submitted first.
- Time travelled from one recipient to another on the same day must be claimed on the Travel Claim Form for the recipient you travelled to. Submitted Travel Claim form with that timesheet.
- In special situations where you travelled to the same recipient twice in the same day, enter the total amount of time travelled for that day. A comment is required in this situation.
- Travel Hours claimed cannot exceed the 7-hour weekly travel cap.
- Use black ink only and press firmly. Numbers must be readable.

TRAVEL CLAIM FORM

Provider Name: DONOR, JOHN U		Recipient Name: HEIR, JORDAN	
Provider #: 123456789	Travel Claim #: 123456789012345	Case #: 00 01 1234567	
Pay Period From: 01/01/2015	Pay Period To: 01/15/2015	Program Type: IHSS	

Travel Week #1		Case # From: Distance:	Comments:
S 01			
M 02			
T 03			
W 04			
T 05			
F 06			
S 07			
TOTAL		Previously Claimed Travel Hours: 00:00	

Travel Week #2		Case # From: Distance:	Comments:
S 08			
M 09			
T 10			
W 11			
T 12			
F 13			
S 14			
TOTAL		Previously Claimed Travel Hours: 00:00	

Travel Week #3		Case # From: Distance:	Comments:
S 15			
M 16	0 0 0 0		
T 17	0 0 0 0		
W 18	0 0 0 0		
T 19	0 0 0 0		
F 20	0 0 0 0		
S 21	0 0 0 0		
TOTAL		Previously Claimed Travel Hours: 00:00	

Travel Week #4		Case # From: Distance:	Comments:
S 22	0 0 0 0		
M 23	0 0 0 0		
T 24	0 0 0 0		
W 25	0 0 0 0		
T 26	0 0 0 0		
F 27	0 0 0 0		
S 28	0 0 0 0		
TOTAL		Previously Claimed Travel Hours: 00:00	

I understand that any false claim relating to this travel claim form may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties. By signing as the provider, I declare that the travel time claimed on this travel claim form is true and correct.

Provider's Signature
Date

Travel Claim Form

- In the “Case # From” column, please write the recipient’s case number you travelled from.
- In the “Distance” column, write the distance you travelled from one recipient to another recipient on the same day.
- Comments are required to explain the following:
 - If a special circumstance occurred to cause the travel time to be longer than expected than what you wrote on your SOC 2255, Provider Workweek and Travel Time agreement.
- The provider must sign and date the back of Travel Claim Form.

TRAVEL CLAIM FORM

Provider Name: DONOR, JOHN U		Recipient Name: HEIR, JORDAN	
Provider #: 123456789	Travel Claim #: 123456789012345	Case #: 00 01 1234567	
Pay Period From: 01/01/2015	Pay Period To: 01/15/2015	Program Type: IHSS	

Travel Week #1		Case # From:	Distance:	Comments:
S 01				
M 02				
T 03				
W 04				
T 05				
F 06				
S 07				
TOTAL		Previously Claimed Travel Hours: 00:00		

Travel Week #2		Case # From:	Distance:	Comments:
S 08				
M 09				
T 10				
W 11				
T 12				
F 13				
S 14				
TOTAL		Previously Claimed Travel Hours: 00:00		

Travel Week #3		Case # From:	Distance:	Comments:
S 15				
M 16	0 0 0 0			
T 17	0 0 0 0			
W 18	0 0 0 0			
T 19	0 0 0 0			
F 20	0 0 0 0			
S 21	0 0 0 0			
TOTAL		Previously Claimed Travel Hours: 00:00		

Travel Week #4		Case # From:	Distance:	Comments:
S 22	0 0 0 0			
M 23	0 0 0 0			
T 24	0 0 0 0			
W 25	0 0 0 0			
T 26	0 0 0 0			
F 27	0 0 0 0			
S 28	0 0 0 0			
TOTAL		Previously Claimed Travel Hours: 00:00		

I understand that any false claim relating to this travel claim form may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties. By signing as the provider, I declare that the travel time claimed on this travel claim form is true and correct.

Provider's Signature	Date
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Travel Claim Form Example

Record your daily hours, minutes, case number, distance, and comments like this sample:

Travel Week #1:	Case # From:				Distance:	Comments:	
S	--	--	--	--			
M 13	H	H	1	5	1234567	1.1	
T 14	H	H	2	0	1234567	1.7	Rerouted due to road construction.
W 15	H	H	1	5	1234567	1.1	
T 16	H	H	1	5	1234567	1.1	
F 17	H	H	2	5	1234567	1.1	Traffic jam due to car accident.
S	--	--	--	--			
TOTAL	H	1	3	0			

Important Things to Remember:

- The total number of hours and the distance claimed on the Travel Claim Form will be compared to the Work Week Agreement
- Changes to your schedule may require a new Work Week Agreement
- Total line is optional

Review

- When can you claim travel time? Which recipient do you claim travel time for?
- If I claim 8 hours of travel time in workweek one but only claim 6 hours of travel time in workweek two will this cause me to receive a violation?
- If I receive two written notices/violations in the same month stating that I worked over my weekly hours cap, how many violations will I have against me?

Answers

- When traveling from one recipient to another in the same day. Recipient provider travelled to.
- Yes, because the weekly cap for travel time is 7 hours.
- 1. No matter how many violations you receive in the same month only one will count against you.

Exemption for Family Live-in Care Providers

- IHSS providers who meet the following requirements may provide services to two or more live-in family member recipients and work up to 12 hours per day, not to exceed 360 hours per month or 90 hours in a workweek.
 - On or before January 31, 2016, IHSS provider must be enrolled as a care provider and living with two or more recipients; and
 - Must be a parent, grandparent, adoptive parent, step-parent or legal guardian, who is caring for two or more disabled minor or adult children, or disabled minor or adult grandchildren
 - CDSS is sending more information